



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AVIATION
5702 GULFSTREAM ROAD
RICHMOND, VA 23250-2422

For DOAV Use Only
DATE STAMP BELOW

REQUEST FOR STATE FUND REIMBURSEMENT

CHECK THE FOLLOWING IF APPLICABLE

- ☐ Attached summary sheet, contractor pay requests, invoices for engineering, inspection, testing, security, maintenance, etc.
☐ Record State and/or Federal project numbers in PART I
☐ If AIP project, attach FAA Form 271
☐ Record Grant Expiration Date in Part I
☐ Included original signature in PART II

PART I - PROJECT INFORMATION

Airport Name

Grant Expiration Date

Project Description

State Project Number

Type of Request:

AIP Project Number

Pay Request Number

State Grant Amount

Final: Check Yes

☐ YES

PART II - PAYMENT INFORMATION

a. Net Eligible Project Cost to Date

b. State Share of Project Cost to Date
(item multiplied by the % participation)

c. Total State Payments Previously Received

d. Amount of this Request
(item b minus item c)

I hereby certify that the above expenses have been authorized by the airport sponsor and have been incurred in accordance with the terms of the project as approved by the Department of Aviation. I also certify that the amount requested for reimbursement represents the State share due and has not been previously requested.

Original Signature / Title

Date

Phone Number

PART III - APPROVAL (Department of Aviation use only)

State Project Number

Request No:

Your request is being (_____ approved/ _____ approved as noted below) for

\$ _____

Comments:

Reviewed & Approved by:

Date:

Manager Approval:

Date:

Your request is being _____ disapproved. (Please see attached Form DOAV 2006-2 for reason.)